

FORENSIC PSYCHIATRIC EVALUATION REPORT

NAME OF EVALUEE: Ilene Diamond

D.O.B.: 1/20/52

DATE OF EXAMINATION: 8/14/20

STATEMENT OF LIMITED CONFIDENTIALITY:

Prior to the examination, Mrs. Diamond was informed that its purpose would be to complete a psychiatric evaluation, and that a psychiatric report would be written. She was informed that the interview would not be confidential, and that a doctor-patient relationship would not be established. She stated that she understood, and she agreed to proceed.

QUALIFICATIONS OF EXAMINER:

Current Certifications and Positions:

Diplomate in Psychiatry, Child and Adolescent Psychiatry, and Forensic Psychiatry,
American Board of Psychiatry and Neurology

Clinical Assistant Professor, Departments of Psychiatry and Child and Adolescent
Psychiatry, New York University School of Medicine

Attending Psychiatrist, Departments of Psychiatry and Child and Adolescent Psychiatry,
Bellevue Hospital Center

Attending Psychiatrist, Forensic Psychiatric Evaluation Court Clinic of the Criminal and
Supreme Courts of New York County

Curriculum Module Coordinator/Lecturer, Forensic Psychiatry Didactics for New York
City Area Forensic Psychiatry Fellows

Councilor, Tri-State Chapter of the American Academy of Psychiatry and the Law

Publications, Posters, and Presentations

“The Concept of Mental Disorder in Civil Commitment of Sex Offenders: An Evaluation of Pedophilic Disorder 20 Years after *Kansas v. Hendricks*.” Presented at: Division of Law, Ethics, and Psychiatry Seminar on Legal and Ethical Issues in Psychiatry and General Medicine, New York State Psychiatric Institute, Columbia University, June 13, 2017; Mid-Hudson Forensic Psychiatric Center Grand Rounds, June 27, 2017.

Harper OL. Book Review: Contemporary Psychodynamic Psychotherapy for Children and Adolescents: Integrating Intersubjectivity and Neuroscience. *J Am Acad Child Adolesc Psychiatry*. 2016 Dec;55(12):1094-1096.

Pelton GH, Harper OL, Roose SP, Marder K, D'Antonio K, Devanand DP: Combined treatment with memantine/es-citalopram for older depressed patients with cognitive impairment: a pilot study. *Int J Geriatr Psychiatry*. 2016 Jun;31(6):648-55.

Devlin MJ, Cutler JL, Harper OL: Taking it Personally: Exploring Students' Emotional Responses and Professional Roles During the Psychiatry Clerkship. *Acad Psychiatry*. 2012 May 1;36(3):243-5.

Pelton GH, Harper OL, Tabert MH, Sackeim HA, Scarmeas N, Roose SP, Devanand DP: Randomized double-blind placebo-controlled donepezil augmentation in antidepressant-treated elderly patients with depression and cognitive impairment: a pilot study. *Int J Geriatr Psychiatry*. 2008 Jul;23(7):670-6.

Tabert MH, Pelton GH, Harper OL, Albers MW: Olfactory Deficits Predict Donepezil Response in Depressed, Cognitively Impaired Patients. Annual Meeting of the Association for Chemoreception Sciences. April 25-29, 2008; Sarasota, FL. [Poster]

SOURCES OF INFORMATION:

1. Notice of Application for Retention of Olshan Frome Wolosky LLP as Special Counsel for Chapter 7 Trustee, 6/3/20
2. United States Bankruptcy Court Subpoena for Rule 2004 Examination, Jonathan T. Koevary, dated 6/23/20
3. Prescription note, Becky Bigio, NP-P, dated 7/1/20
4. Aftercare Instructions, Kingsbrook Jewish Medical Center, dated 7/8/20
5. Letter, Virginia Contreras, M.D., dated 7/13/20
6. Ilene Diamond's Opposition to the Trustee's Motion to Hold Her in Contempt, Wayne Greenwald, dated 7/28/20
7. Order directing hearing for 8/19/20, Madrie Tagle, Courtroom Deputy for the Honorable Robert E. Grossman

I examined Mrs. Diamond through a HIPAA-compliant virtual online platform on 8/14/20 for a duration of 2.5 hours. There were no disruptions in transmission during the course of the examination. I interviewed her again by telephone for a period of 20 minutes on 8/17/20.

I obtained verbal collateral information from Ms. Diamond's current mental health clinicians:

Virginia Contreras, M.D.
Becky Bigio, NP-P

Bernard Pasquariella, LMHC

PSYCHIATRIC EVALUATION

IDENTIFYING INFORMATION:

Ms. Irene Diamond is a 68-year-old married woman, living with her husband, not currently employed, with two adult daughters, who was referred for psychiatric forensic evaluation.

LEGAL CONTEXT:

“Ilene Diamond’s Opposition to the Trustee’s Motion To Hold in Contempt,” addressed to the Honorable Robert E. Grossman, United States Bankruptcy Judge, dated 7/28/20, includes the following statements:

- 70. Ilene Diamond has not appeared for her examination because doing so will harm her.
- 71. Her doctor and medical professionals say so.
- 72. Ms. Diamond appearing for a deposition is unduly burdensome.

Counsel for Ms. Diamond has requested that I perform a forensic psychiatric evaluation in order to determine, within appropriate parameters of psychiatric prediction, the anticipated emotional and psychiatric consequences of her being required to testify at a deposition relating to her husband’s ongoing bankruptcy proceedings.

HISTORY OF PRESENT ILLNESS:

Ms. Diamond reported that her emotional condition had deteriorated dramatically in the context of a variety of financial and personal stressors that began in February 2020, when the emergence of the global coronavirus pandemic caused negative consequences for her husband’s business. Shortly thereafter an involuntary Chapter 7 Bankruptcy case was initiated by interested actors against Mr. Diamond and his business. Ms. Diamond reported that these bankruptcy proceedings have caused her great distress. Ms. Diamond reported having experienced, subsequent to the initiation of these proceedings, hostile interpersonal interactions with members of the country club to which she and her husband belong, Pine Hollow Country Club, in East Norwich, New York. In addition, ongoing bankruptcy proceedings have impeded Ms. Diamond and her husband from financially supporting their eldest daughter in any way, which has caused the family strain. Finally, her younger daughter is married to a family member of other interested actors in the bankruptcy proceedings, leading to further interpersonal strain and stress to Ms. Diamond.

Ms. Diamond reported feeling overwhelmed with her current situation, stating, “I don’t know how to deal.” She reported having recently greatly curtailed her activities. She

reported spending most of her day sitting with her dog, and noted that she no longer interacted socially outside of her family. She noted that others had observed her apparent fragility, noting, for example, that her husband had begun to insist on collecting the mail because of the risk of her coming across something upsetting that could lead to a worsening of her emotional condition.

Ms. Diamond reported a variety of symptoms of a Major Depressive Episode since these stressors emerged in March 2020.

Ms. Diamond reported a variety of moods states consistent with a major depressive episode, noting, “I can’t believe how depressed I am,” and further reported feeling “sad,” “sick inside,” “numb,” and “heartbroken.” She complained of being “fearful of everything.” She stated, “I cry all day long—from the moment I wake up until I go to sleep,” adding, “I want to smile again.” She complained, “I can’t live my life like this every day, I want to be able to be happy.”

Ms. Diamond reported multiple experiences suggestive of anhedonia, an inability to experience pleasure from activities that would normally bring pleasure. She reported that she had no interest in activities that would have previously brought her enjoyment, such as going out to dinner with her husband and another couple. She stated that she no longer had any interest in seeing people socially, as she would have previously, including her closest friends. She reported that she had not been engaging in activities that would have previously brought her enjoyment, such as decorating, painting, drawing or taking photographs.

Ms. Diamond reported severe insomnia, noting that, in recent months, she has typically gone to bed at 8:30 to 9pm and woken up around 1am, finding herself unable to sleep thereafter. Typically at that time she would get out of bed and engage in some kind of activity, such as cleaning.

Ms. Diamond reported that her energy had been poor in recent months.

Ms. Diamond reported appetite disturbance over the prior six months, an additional symptom of depression. She noted that at times her appetite seemed to be reduced, while at other times it seemed to be increased. She stated, “Days I don’t eat anything, days I eat junk. I have no taste to eat anything. I have no desire.” She reported having gained several pounds over the course of the past six months.

Ms. Diamond reported experiencing significant guilt over the prior six months. She reflected that she would have lived her life differently, such as spending less money or working, had she been aware of the possibility of experiencing financial duress of the type that she and her husband are currently facing. She reported further guilt associated with having let her daughters down, noting in particular that she and her husband were no longer able to support financially their elder daughter as they had previously.

Ms. Diamond reported recent feelings of helplessness, especially relating to the situations with her daughters, as above.

Ms. Diamond reported difficulties with concentration in recent months, noting that she had forgotten or overlooked things that she never would have previously. For example, she left a pocketbook in a taxi several weeks ago, which she does not think she would have done previously. She reported difficulty focusing, including an inability to conduct a normal conversation and to be able to remember things as she would have previously.

Ms. Diamond reported transient suicidal ideation at times, noting, “There are days I’ve thought, I want to get hit by a bus, but I don’t actually want to die.” However she emphasized that she would never want to abandon her family and therefore would never engage in suicidal behavior.

Ms. Diamond reported having experienced panic attacks at a near-daily frequency in recent months, and noted having experienced a panic attack shortly prior to this examination. She reported that her panic attacks were marked by crying, shortness of breath, chills, a feeling of being severely stressed, and at times, palpitations. She reported that she had tried to use exercises that she had learned during recent psychotherapy sessions as a means of managing these attacks, but noted that these exercises had been largely ineffective. She reported anxiety and fear about experiencing additional attacks.

Ms. Diamond reported extensive anxiety over recent months. She reported that much of this anxiety related to general worries about her current condition, including consuming thoughts about “how to get through the day, how bored I am, how unhappy I am.”

In addition Ms. Diamond noted that much of this anxiety related to concerns about her health. She underwent blood testing several weeks ago, and thereafter experienced very high anxiety about the results of the exam: “For 15 days, I was out of my mind, saying that I was going to die.” She noted that, when the nurse practitioner called her to inform her of the results, she responded as follows: “I started carrying on, going into a panic disarray, a crazy situation, I started crying.” She reported additionally that she had presented to “City MD” five times in the course of a month due to her worries about her health. She noted that these visits had been motivated in part by concerns about her breathing, which had become strained on several occasions because of her anxiety level. She noted that, in response to this anxiety, she had ordered a pulse oximeter in order to monitor her oxygenation. She also has experienced elevated concerns about her orthopedic condition, and scheduled an appointment with an orthopedist to this end.

Ms. Diamond reported an intense fear of flying. She continued, “When my mother was dying, I couldn’t fly by myself, I sat in the middle of someone, so that I could hold on to the person next to me.” She continued, “Every one of my friends from the club knows who I am—that I’m nervous, I’m fearful, afraid to fly.”

Multiple times during the course of the examination, Ms. Diamond reported her desire to achieve an improved emotional condition: “I want to get well, I want to be happy. Let me

have another good twenty years. I don't want to do this any more. I'm not pretending. I can't do this anymore."

CURRENT PSYCHIATRIC TREATMENT:

Becky Bigio, NP-P

Ms. Bigio wrote a signed note, dated 7/1/20, reading as follows:

To Whom It May Concern,

I urge you to allow Ilene Diamond not to participate verbal/or written in the legal process involving her husband—she is fragile and it would derail her—she is under care.

Ms. Diamond reported that she had received psychopharmacologic treatment from a nurse practitioner affiliated with Kingsbrook Jewish Medical Center, Becky Bigio, NP-P, over the prior six months. Ms. Diamond reported positive feelings towards Ms. Bigio. She reported that Ms. Bigio had prescribed escitalopram (antidepressant medication) at a dose of 5 mg. Ms. Bigio also prescribed clonazepam (anti-anxiety medication) 0.5 mg, to be taken four times daily throughout the day.

Collateral information was collected from Ms. Bigio on 8/17/20.

Ms. Bigio reported that she had been treating Ms. Diamond since February 2020. Ms. Bigio reported that Ms. Diamond was anxious at that time relating to developing legal issues involving her husband.

Their treatment visits have occurred at a frequency of approximately every 6 weeks. Ms. Bigio most recently treated Ms. Diamond in July 2020. She confirmed that she had prescribed escitalopram 5 mg daily and clonazepam 0.5 mg up to 4 times daily. There was some initial modest improvement in her anxiety soon after the medication was started. As time progressed, she showed evidence of a worsening depression: she became sadder and more avoidant of things.

Ms. Bigio described Ms. Diamond as "anxious, scared, panicky." She was experiencing panic attacks. She further described periods when it was difficult to support her in completing "basic things" for herself. Ms. Bigio described her as "too disorganized to start therapy"; in the absence of a therapist Ms. Bigio attempted to provide additional support to Ms. Diamond. She worked to refer Ms. Bigio to a therapist, and successfully referred her to Bernard Pasquariella in May 2020.

Ms. Bigio reported that Ms. Diamond has never been suicidal.

Ms. Bigio described Ms. Diamond's current condition as "fragile." She noted that, if forced to testify, she could cry or experience a panic attack. She stated further that the stress of testifying could lead to her requiring a higher level of psychiatric care.

Virginia Contreras, M.D.

Dr. Contreras wrote a signed note, dated 7/13/20, reading as follows:

To Whom It May Concern,

This letter is to confirm that Ms. Ilene Diamond date of birth January 20, 1952 is a mental health patient treated at our office. Ms. Diamond has been diagnosed with Major Depression Disorder Severe, Panic Disorder Without Agoraphobia and Specific Phobia.

Ms. Diamond has been experiencing profound depressive episodes with bouts of tearfulness. Some of her symptoms include but are not limited to, feelings of hopeless and feeling unable to cope with the problem at hand. She has insomnia and is unable to sleep at night. Her ability to concentrate is impaired and she can't think clearly or make decisions. Ms. Diamond is also suffering from debilitating panic attacks that start suddenly. During these panic attacks Ms. Diamond can't breathe and she feels like she is going to die.

Ms. Diamond is currently being treated with psychotropic medication for these disorders. However, she is not yet at baseline and she will need ample time to heal and recuperate. Due to the severity of her symptoms Ms. Diamond is unable to present herself at a deposition.

Collateral information was collected from Dr. Contreras on 8/14/20.

Dr. Contreras reported that she had been treating Ms. Diamond since 7/13/20. After that initial visit, she evaluated Ms. Diamond again on 7/29/20.

Dr. Contreras reported that Ms. Diamond had been experiencing panic attacks nearly every day, characterized by palpitations and shortness of breath. She also noted her phobia of flying. She described Ms. Diamond as "anxious, overwhelmed, tearful, distraught, unable to cope with the thought of having to present herself in front of a judge."

On 7/13/20 Ms. Diamond was being prescribed and taking escitalopram (antidepressant medication) 5 mg daily and clonazepam (anti-anxiety medication) 0.5 mg twice daily. Dr. Contreras recommended increasing Ms. Diamond's dose of escitalopram to 10 mg daily. According to Dr. Contreras, Ms. Diamond reported feeling "a little better" on 7/29/20, after having her dose increased [Ms. Diamond reported, however, that she had not increased her dose, as she had followed Ms. Bigio's advice relating to dosing]. Dr. Contreras noted Ms. Diamond's inability to "cope" with her situation, noting that when

she thought about her husband's bankruptcy proceedings, she tended to begin crying and ruminating about the situation, and experienced great difficulty freeing herself from the ruminations. She described Ms. Diamond as preoccupied with her situation, and noted that she struggled to control her emotions. She described her insight as "relatively poor."

Dr. Contreras reported that, to her knowledge, Ms. Diamond has no history of suicidal ideation or behavior.

Dr. Contreras reported her belief that, if Ms. Diamond were forced to testify, she "could end up in the hospital." She reported her concern that worsening stress and anxiety could easily lead to her decompensating further.

Ms. Diamond reported having recently sought a consultation from Dr. Contreras. Dr. Contreras had recommended an increase of the escitalopram dose to 10 mg; Ms. Diamond did not make this medication change, explaining that she had known Ms. Bigio for a longer period of time, and trusted her prior recommendation to maintain a dose of 5 mg.

Kingsbrook Jewish Medical Center

Clinical records indicate that Ms. Diamond was treated at Kingsbrook Jewish Medical Center on 7/8/20, between the times of 11:44am and 12:48pm. An order for urine toxicology was noted, but results were not provided, and it was not clear that any testing was actually done. She received a diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood, although it was not clear that a full evaluation was performed. She was referred for "Psychiatry outpatient follow up ASAP."

Ms. Diamond reported that she had been referred by Ms. Bigio to undergo a psychiatric evaluation at Kingsbrook Jewish Medical Center. Ms. Diamond reported that she had not wanted to undergo the recommended blood tests, and had been "hysterical" at that time.

Bernard Pasquariella, LMHC

Ms. Diamond reported ongoing psychotherapy with Bernard Pasquariella. She reported a positive feeling towards him, although she reported crying frequently during the sessions, and stated that she had experienced limited benefit thus far from the sessions.

Collateral information was collected from Ms. Pasquariella on 8/13/20.

Mr. Pasquariella reported having treated Ms. Diamond since 5/19/20. She has been engaged in phone sessions every other week since that time. His clinical impression was of an "Agitated Reactive Depression." He noted that she had been suffering from early-morning awakening, a typical feature of clinical depression. He also described her as experiencing "extreme anxiety."

Mr. Pasquariella reported his impression of Ms. Diamond's experiencing multiple stressors at this time, including an "extreme lifestyle change" and worries about her children. He noted that one of her daughters had lost her job, and her other daughter had married into a family that had not been communicating with Ms. Diamond due to ongoing bankruptcy proceedings. He noted that generally her friends are not talking to her, and one former friend has spread negative information about her. In this context she has experienced severe social isolation. He noted additional recent health concerns and associated anxieties. She has complained of feeling very helpless and hopeless in her current situation. He noted that she had never been suicidal.

Mr. Pasquariella noted, additionally, that Ms. Diamond had been experiencing a high level of anxiety in the context of anticipating being forced to give a deposition to people whom she expected to be very hostile to her. She has expressed anxieties about potentially being "brow-beaten," becoming very anxious, and being unable to speak.

Mr. Pasquariella reported that Ms. Diamond had been experiencing "anxiety attacks," marked by pain in her chest, around her heart, and in her arms, in addition to fears of experiencing a heart attack, hyperventilation, dizziness and lightheadedness, and a sense of impending doom.

Mr. Pasquariella described Ms. Diamond as, "extremely upset and ruminative," and "unable to focus." He noted that he had been focused clinically on tasks of helping her to "modulate her affect" and "reduce her rate of speaking." He noted that psychotherapy with her had been very difficult.

PAST PSYCHIATRIC HISTORY:

Ms. Diamond reported a longstanding severe phobia of flying, as outlined above.

Ms. Diamond reported a longstanding history of a proclivity towards anxiety, but described this anxiety as manageable prior to the stressors of the past six months. She reported a longstanding history of anxiety relating to social interaction, but described this as manageable. She noted a longstanding tendency towards worry about her children, but likewise characterized this as manageable before the prior six months. She described a similar tendency to worry about health issues.

Ms. Diamond reported longstanding tendencies towards some compulsive behaviors, generally relating to double-checking that certain appliances had been properly turned off, such as a blow-dryer or stove. She reported no more elaborate or time-consuming compulsions.

Ms. Diamond reported a longstanding tendency towards a slightly depressive mood, but denied that this had ever evolved into any kind of problematic or debilitating episode prior to the last six months. She also denied having ever experienced a period of elevated mood and energy that might be suggestive of a manic episode, or any possible bipolarity of her mood disorder.

SUBSTANCE USE HISTORY:

Ms. Diamond reported that she did not currently use any substances, and that she had never used any substances with any frequency. She explained that she did not like the effect of alcohol or marijuana, and denied having tried any other substances.

HISTORY OF PRIOR PSYCHIATRIC EVALUATIONS AND TREATMENTS:

Ms. Diamond reported having been diagnosed with Attention Deficit Hyperactivity Disorder at the age of 17 or 18 years. She was prescribed and took methylphenidate (psychostimulant medication) for a short period of time. She has not received treatment for this condition since that time.

Ms. Diamond has otherwise not received psychiatric treatment prior to February 2020.

MEDICAL HISTORY:

Ms. Diamond reported suffering from dyslipidemia, for which she is prescribed atorvastatin 20 mg daily.

Ms. Diamond reported suffering from hypertension, for which she is prescribed metoprolol 50 mg daily.

Ms. Diamond reported having undergone a breast biopsy three months ago. This biopsy caused her significant anxiety while the results were pending; ultimately the results were negative.

Ms. Diamond reported having undergone a hysterectomy 12 years ago, after an ovarian tumor was found.

Ms. Diamond denied having any allergies to medications.

DEVELOPMENTAL AND SOCIAL HISTORY:

Infant and Childhood Development:

Ms. Diamond denied having experienced any developmental delays as a child.

Childhood Social History:

Ms. Diamond described a somewhat difficult childhood. She grew up in Far Rockaway. She was one of three siblings: she has a sister eleven months older and a brother three years younger than she. Her father worked as a taxi driver. He suffered from Type One Diabetes Mellitus. She recalled feeling somewhat ignored by her mother, but explained

this as a result of her mother having to work long hours as a nurse. She denied any history of frank abuse or neglect.

Adult Social History:

Ms. Diamond reported having met and married her husband, Rob Diamond, while in her 20's. She gave birth to two daughters, the first in 1988 and the second in 1991.

Ms. Diamond described herself as a very dedicated and devoted mother, stating, "My daughters are my life."

Ms. Diamond and her husband have been members at the Pine Hollow Country Club for the past 9 to 10 years. She described feeling socially marginalized throughout the period that she has been a member of the club.

Ms. Diamond's father died at the age of 51 years old, in 1979.

Ms. Diamond has experienced several losses in the past two years. Her mother died two years ago. Her sister-in-law died of early-onset Alzheimer Disease last year, at the age of 63. Her aunt passed away from a brain tumor last year.

Ms. Diamond has remained close with her siblings, and with her uncle, who is now 87 years old; she reported currently speaking with him on a daily basis.

Educational History:

Ms. Diamond reported having struggled academically during elementary school, especially with reading. She participated in remedial programs in order to catch up academically. She described this as affecting her self-confidence. She eventually caught up, and she graduated from high school. She then completed a two-year college program in nursing.

Vocational History:

Ms. Diamond first worked in a supermarket and a department store, beginning at the age of 16 years old.

After receiving her college degree, Ms. Diamond worked as a nursing assistant for about 10 years. She also worked for an insurance company for a period of time.

Ms. Diamond has not worked since the birth of her first child.

FAMILY PSYCHIATRIC HISTORY:

Ms. Diamond reported that her mother likely suffered from depression, although she was never diagnosed formally, and never received psychiatric treatment.

Ms. Diamond reported that she did not believe that any other family members had suffered from any kind of psychiatric condition or substance abuse problem.

CONSIDERATIONS RELATING TO POTENTIAL DEPOSITION:

In response to what she anticipated if she were to be required to participate in a deposition, Ms. Diamond responded, “I would cry the whole time, I’d be depressed, I don’t think I would be able to answer the questions, I think it would put me into a panic mode, I’d be very depressed, the anxiety before would put me into a panic mode, into a depression. I don’t think I’m capable of doing it.”

With respect to the prospect of being required to complete a deposition, Ms. Diamond responded, “Maybe I’d fall apart, maybe I’d pass out, I can’t answer the question, I don’t want to do it, I can’t do it, I can’t foresee myself doing it, I feel like I’d go to the next level.” When asked about her meaning by “the next level,” Ms. Diamond responded, “I don’t know, a panic attack, or pass out on the stand, I just feel that I can’t do this. . . It’s going to hurt me mentally a lot.”

With respect to how she anticipated that participating in a deposition would affect her mental condition, she responded, “How can I answer that? I don’t know. I’m not a doctor. I’m very depressed right now. It would make me sick, I just don’t want to do it, it makes me sad, anxious, panicky, sick, nauseous.”

MENTAL STATUS EXAM (8/14/20):

General Appearance: The evaluatee is a woman of Caucasian ethnic background, appearing her stated age of 68 years.

Attitude: Attitude was engaged and cooperative, although her full cooperation was impeded at times by her apparent severe anxiety and dysphoric mood.

Psychomotor: The evaluatee sat throughout the examination, although at times some restlessness in shifting positions was observed.

Eye contact: Inconsistent.

Speech: Speech was spontaneous, regular in rate and rhythm, becoming louder at times of greater distress, and more poorly articulated while tearful.

Mood: “I repeat the same thing over and over. I’m hurt, I’m depressed, I’m anxious, I cry, I’m heartbroken, I’m frail and I feel weak”; “sad”; “sick inside”; “numb”; “fearful”; “I cry all day long.”

Her mood impressed as highly anxious and dysphoric.

Affect: Affect was highly labile and repeatedly tearful throughout the examination.

Thought process: Thought process was circumstantial, becoming more so at times of distress.

Thought content: Thought content was focused on her distress and the challenges of her current situation. She was especially focused on the well-being of her children and guilt at being unable to provide for her daughter financially as she had previously.

Perceptual disturbances: The evaluatee denied ever having experienced auditory or visual hallucinations, and there was no apparent evidence of internal preoccupation.

Suicidal/Homicidal Ideation/Intent/Plan: The evaluatee reported intermittent transient passive suicidal thinking, but there was no active suicidal, self-injurious, or homicidal ideation. She described her family as strong protective factors, and stated that she would never attempt to hurt herself.

Orientation: The evaluatee was oriented to person, time, and place.

Attention Span/Concentration: Somewhat impaired.

Memory: Mildly impaired.

Fund of Knowledge: The evaluatee demonstrated moderate fund of knowledge.

Insight: Insight was moderate, as the evaluatee demonstrated a basic understanding of her current psychiatric condition.

Judgment: Judgment was good, in that the evaluatee appeared to cooperate with the examination to the best of her ability.

Impulse control: Impulse control was somewhat impaired, apparently by her emotional volatility.

Detailed Cognitive Results: On a test of immediate registration of three words she named three of three correctly; after a 5-minute delay she named two of the three words correctly, and named the third word with a clue. She spelled "WORLD" correctly forwards and made two errors in spelling the word backwards. She performed calculations as follows: $3 \times 5 = 15$; $3 \times 15 = 45$; $3 \times 45 = 135$. She correctly named the current president and prior president, but not the president before him. She named the mayor of New York City and the governor of New York State. Asked of the similarity between a television and magazine, she responded, "Magazine you read, television you read also, you're watching, you're visualizing"; asked of the similarity between a bird and a plane, she responded, "They fly." When asked to state the meaning of, "You can lead a horse to water but you can't make it drink," she responded, "You can't make everybody do everything they want to do."

CASE FORMULATION:

Ms. Irene Diamond is a 68-year-old married woman, living with her husband, not currently employed, with two adult daughters, who was referred for psychiatric evaluation focusing on the likely anticipated emotional and psychiatric consequences of her being forced to testify at a deposition in the context of her husband's ongoing bankruptcy proceedings. Ms. Diamond has a mental health history notable for longstanding anxiety, most notably relating to flying and health-related fears. She was diagnosed with Attention Deficit Hyperactivity Disorder as an older adolescent, and was briefly prescribed psychostimulant medication for that condition, but it does not appear that that condition has persisted through her adulthood. Aside from that brief period, she had not received psychiatric treatment until she experienced a major stressor, six months ago, of the initiation of her husband's bankruptcy proceedings and a variety of consequent additional stressors. Since that time six months ago, she has experienced a variety of psychiatric symptoms, and she has received psychopharmacologic and psychotherapeutic treatment from several mental health clinicians. She has never been psychiatrically hospitalized, and she has never attempted suicide.

The psychiatric symptoms that Ms. Diamond has experienced over the past six months qualify her for several psychiatric diagnoses, as outlined below:

Major Depressive Disorder, With Melancholic Features, With Anxious Distress, Severe, Single Episode

The evaluatee's report of her own history, in addition to her current clinical presentation and collateral information, support the diagnosis of Major Depressive Disorder, With Melancholic Features, With Anxious Distress, Severe, Single Episode.

Ms. Diamond reported the following symptoms of Major Depressive Disorder: Depressed Mood (confirmed by Dr. Contreras and Ms. Bigio); Anhedonia (markedly diminished interest or pleasure in activities; confirmed by Ms. Bigio); Appetite disturbance; Insomnia (confirmed by Dr. Contreras and Mr. Pasquariella); Loss of energy; Feelings of inappropriate guilt; Diminished ability to think or concentrate (confirmed by Dr. Contreras); Recurrent thoughts of death. During this examination Ms. Diamond repeatedly complained of her low mood, and she was tearful repeatedly during the course of the examination. Ms. Diamond presents with eight of the nine symptoms of depression, and therefore meets criteria for a Major Depressive Episode.

Furthermore, Ms. Diamond meets criteria for a Melancholic depression, which is a subtype of depression more characteristic of severe cases of depression. In addition to the characteristic loss of pleasure in all activities, Ms. Diamond presents with several additional features: profound despondency; early-morning awakening; feeling worse in the morning; and inappropriate guilt.

Additionally, Ms. Diamond's prominent anxiety (confirmed by all of her recent treating clinicians), difficulty concentrating due to worry, and fearfulness of bad events occurring, substantial the presence of anxious distress, an additional feature of some depressive episodes.

Finally, the severity of her condition is best characterized as severe, given the number and intensity of her symptoms, and the extent of psychosocial impairment.

Dr. Contreras confirmed this diagnosis in her letter of 7/13/20.

Panic Disorder Without Agoraphobia

The evaluatee's report of her own recent symptoms, in addition to collateral information, support the diagnosis of Panic Disorder without Agoraphobia.

Ms. Diamond reported recently experiencing recurrent unexpected panic attacks on a near-daily basis in recent months. All of her recent treating clinicians noted Ms. Diamond's panic episodes. She described several features of these attacks, which are required as criteria for them to be considered clinical panic attacks: shortness of breath;

chills; and palpitations. In addition Dr. Contreras noted that Ms. Diamond has experienced a fear of dying during these attacks. Mr. Pasquariella noted that Ms. Diamond has also experienced dizziness and lightheadedness and chest pain during these attacks. Ms. Diamond also reported ongoing fear of having additional attacks.

Ms. Diamond does not experience agoraphobia, which signifies anxiety in particular physical or environmental situations.

Dr. Contreras confirmed this diagnosis in her letter of 7/13/20.

Specific Phobia (Flying)

Ms. Diamond has a severe, longstanding fear of flying on airplanes. The prospect of flying consistently provokes fear of anxiety and is out of proportion to the actual danger of the activity. She tends to avoid flying, or endures it with difficulty. She thus carries a longstanding diagnosis of Specific Phobia.

Dr. Contreras confirmed this diagnosis in her letter of 7/13/20.

Clinical Summary

Ms. Diamond presents with an apparent longstanding anxious temperament, per her report. In the context of this anxious temperament, she appears to have developed a specific phobia of flying. This anxious temperament has also apparently manifested over the years in mild compulsive behaviors, such as double-checking that appliances have been turned off. In addition she has experienced longstanding, but manageable, anxieties relating to her daughters and her health. However, prior to February 2020, she had never developed any broader or more debilitating anxiety condition, or any depressive syndrome or episode.

In February 2020 Ms. Diamond experienced a severe upending of her familiar lifestyle and interpersonal relationships, as outlined above. Whereas she had experienced symptoms of anxiety prior to February 2020, she had been able to manage them with minimal detriment to her psychosocial functioning, particularly in the roles most important to her: wife, mother, sibling, daughter, and niece. The wide-ranging consequences of her husband's professional difficulties and the consequent litigation, however, constituted a stressor that she could not withstand psychologically, and in response she began to suffer from a Major Depressive Episode and Panic Disorder. These conditions have dramatically impaired her daily functioning and quality of life. As of now she has responded with limited apparent benefit to psychopharmacologic and psychotherapeutic interventions.

FORENSIC ASSESSMENT:

In light of her current psychiatric condition, the anticipated emotional and psychiatric consequences to Ms. Diamond of being compelled to testify in a deposition relating to

Mr. Diamond's bankruptcy proceedings are nearly certain to be deleterious, and have a significant likelihood of being seriously harmful. All three of her recent treating clinicians have concurred with this assessment of the potential consequences of her being compelled to testify.

A deposition in this context would inevitably be focused on the same issues that provoked Ms. Diamond's recent psychiatric decompensation: her family's financial duress, the negative social consequences of isolation from her peers, including her son-in-law's family, and impediments to her providing financially for her daughter. Probing questioning relating to these issues would be almost certain to exacerbate the persistent ruminations in these areas that are currently afflicting Ms. Diamond. Similarly, increased exposure to these issues in a psychologically stressful environment is likely to exacerbate Ms. Diamond's susceptibility to increased frequency and severity of panic attacks. Finally, the stress inherent in such testimony would confer a meaningful risk of worsening Ms. Diamond's Major Depressive Episode, which is already severe, and characterized by melancholic and anxious features. Anxious distress is associated with higher suicide risk, longer duration of illness, and greater likelihood of treatment non-response.¹ Melancholic depression is more often observed in more severe episodes and in psychiatric inpatients rather than outpatients.² At this time Ms. Diamond's psychosocial functioning is very poor: she has been unable to engage in meaningful interpersonal interactions outside of her family, she has been unable to derive enjoyment from previously enjoyable activities, and she has been unable to engage in productive activities aside from providing minimal care for her dog. Given the severity and features of her current episode, it is medically and psychiatrically justified to conclude that the additional stressor of testifying in a deposition focused on these aforementioned highly stressful personal issues would carry a significant risk of substantially worsening Ms. Diamond's current Major Depressive Episode. Such a substantial clinical deterioration would render psychiatric hospitalization an appropriate, and possibly required, intervention in order to treat Ms. Diamond's psychiatric condition with appropriate urgency and intensity.



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¹ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA, p. 184.

² *Ibid.*, p. 185.